

**DECLARATION AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	20430P
First Named Inventor	Petrukhin, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL HUMAN VOLTAGE-GATED POTASSIUM CHANNEL

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PCT/US00/09587	PCT	04/10/2000	20430-PCT	<input checked="" type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/129,274	04/14/1999	20430PV

## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US00/09587	04/10/2000	
60/129,274	04/14/1999	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorneys or agents with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number	<input type="text"/>		<i>Place Customer Number Bar Code Label here</i>
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below			

Name	Registration Number	Name	Registration Number
Joseph A. Coppola	38,413	Jack L. Tribble	32,633

Direct all correspondence to:  Customer Number or Bar Code Label

000210

Name	Joseph A. Coppola					
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Address	P.O. Box 2000, RY60-30					
City	Rahway	State	NJ	ZIP	07065-0907	
Country	USA	Telephone	(732)594-6734		Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
KONSTANTIN			PETRUKHIN				
Inventor's Signature					Date		
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City	Rahway	State	NJ	ZIP	07065-0907		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

**DECLARATION AND POWER OF ATTORNEY****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
C. THOMAS		CASKEY					
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>	Lansdale	State	PA	Country	US	Citizenship	US
<b>Post Office Address</b>	Merck & Co., Inc., P.O. Box 2000						
<b>City</b>	Rahway	State	NJ	ZIP	07065-0907		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
WEN		LI					
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>	North Wales	State	PA	Country	US	Citizenship	US
<b>Post Office Address</b>	Merck & Co., Inc., P.O. Box 2000						
<b>City</b>	Rahway	State	NJ	ZIP	07065-0907		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MICHAEL L.		METZKER					
<b>Inventor's Signature</b>					<b>Date</b>		
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<b>Post Office Address</b>	Merck & Co., Inc., P.O. Box 2000						
<b>City</b>	Rahway	State	NJ	ZIP	07065-0907		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<b>Inventor's Signature</b>					<b>Date</b>		
<b>Residence: City</b>		State		Country		Citizenship	
<b>Post Office Address</b>	Merck & Co., Inc., P.O. Box 2000						
<b>City</b>	Rahway	State	NJ	ZIP	07065-0907		